

Medical confirmation form

for registering your life support equipment



Save time, fill out this form online at jacanaenergy.com.au/forms

Use this form to notify Jacana Energy if your property requires uninterrupted electricity supply to operate life support equipment.

To register your life support equipment you need to:

1. Fill in sections 1 and 2 and make sure the account holder reads, signs and dates the declaration in section 2
2. Ask your medical practitioner to complete section 3
3. Return this form to us within 21 days. Scan and email your completed form to customer@jacanaenergy.com.au or send it to Jacana Energy, GPO Box 1785, Darwin NT 0801.

1. Life support patient's details

First name	Last name	Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lot no	Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Postcode	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date life support equipment is required from	<input type="text"/>		

2. Accounts holder details and declaration (Account holder to complete)

Account number (if known)		
<input type="text"/>		
First name	Last name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

This account must be for the supply address provided in section 1 to be eligible to register life support equipment.

By submitting this form, you confirm that:

- All information on this application form is to your knowledge true and accurate.
- The address provided is the primary residence of the life support patient.
- You will advise Jacana Energy immediately if your circumstances change and if life support equipment is no longer required
- You acknowledge and understand that you will be required to renew this Medical Confirmation Form annually.
- You understand that Jacana Energy will need to provide details from this form to the network provider.
- You understand that you will need to complete a new Medical Confirmation Form if you leave your existing service address listed above.
- You are responsible for having a suitable pre-arranged action plan in place in the event that your energy supply is interrupted, both in an emergency situation and where notified in advance by the network provider.
- You consent to Jacana Energy's use, holding and disclosure of your personal information in accordance with our Privacy Policy, available at www.jacanaenergy.com.au/privacy.

Account holder signature	Date
<input type="text"/>	<input type="text"/>

continued on next page

3. Medical practitioner's statement (Medical practitioner to complete)

I certify that the below life support equipment is/will be installed at the patient's home at the address shown in section 1 of this form.

Please select the applicable life support equipment below:

- Oxygen concentrator
- Intermittent peritoneal dialysis machine
- Kidney dialysis machine
- Chronic positive airways pressure respirator
- Crigler-Najjar syndrome phototherapy equipment
- Ventilator for life support
- Feeding Pump
- Other (Please specify) _____

Medical/Provider number

Name

Job title

Phone

Hospital/clinic/practice

Lot no Unit no Street no Street name

Suburb State Postcode

Medical Practitioner signature Date

If you need more time to fill out this form you can request a one-off extension by contacting us on 1800 JACANA (1800 522 262) or by email at customercare@jacanaenergy.com.au.

Please check that all sections of this form have been completed before returning it to us to avoid any delays. Completing and returning this form to us satisfies the requirements we have for registering life support equipment.